

JAN ~ 8 2010

MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics Phone: 207-287-4179

Fax: 207-287-4179

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name P+ (C I	V 44	Office: ☐ Senate
Mailing address		District
Rep Patsy Crock Mailing address 14 Smith St		# 57
City, zip code		Phone
Hugusta, Me	04330	623-3641
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer fro economic activity of each employer.	m whom you received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
State of Main	2 state House station auguste, Me 04333	4. 14
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	· Notation and the state of the	
	COME DERIVED FROM SELF-EMPLOYMEN r Legislators who are self-employed.)	
	if any, and list the major areas of economic activity association, or similar business entity, list the majo	
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name:	17	THE PARTY OF THE P
Address:	T NA	
Name:	VAC-1-MARIA	
Address:		

PART 2 (continued). INCOME DERIVED FI (For Legislators who are self-e	
B. List each source of income derived from self-employment that represents m greater, and specify the principal type of economic activity of the entity or pedisclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	erson from whom you derived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	
Name: Address:	
PART 3. MAJOR AREAS OF (For Legislators who are attorneys- List your major areas of practice. If associated with a law firm, list the major are	at-law only.)
Name and Address of Firm	Major Areas of Practice Major Areas of Practice (self) (firm)
Name: Address:	
Name: Address:	
PART 4. OTHER SOURCES	
PART 4. OTHER SOURCES List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this None	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this Name and Address of Source	form. Do not include gifts. If none, check the box. Kind of Income
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List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this None Name and Address of Source Name: John Hancock Financial Address: 200 Bickby At, Bista, Maso Name: Social Security	form. Do not include gifts. If none, check the box. Kind of Income (investments, leases, etc.) Research
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this None Name and Address of Source Name: Address: Address: Address: Address:	form. Do not include gifts. If none, check the box. Kind of Income (investments, leases, etc.) Reasure ABILITIES ou received during the reporting period, and list the major
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List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this None Name and Address of Source Name: John Hancok Financh Address: 266 Bukkly At, Besta, Mass Name: Joseph Jewinty Address: PART 5. REPORTABLE LIVE areas of economic activity of each creditor. Do not list credit card liability or loar None	form. Do not include gifts. If none, check the box. Kind of Income (investments, leases, etc.) Research ABILITIES ou received during the reporting period, and list the major as from a relative. If none, check the box. Principal Type of Economic
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PART 6	. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Incone, check the box.	lude gifts with an aggregate value of more than \$300 from a single sour	ce. If
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Name of Source of Gift	Name of Source of Gift	works and all the design of
1.	3.	
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PART 7 R	EPORTABLE HONORARIA	
	r speeches related to your legislative responsibilities. If none, check the b	ox.
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Name of Source of Honoraria	Name of Source of Honoraria	
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	TATION BEFORE STATE AGENCIES	
List each executive branch agency before which you repres box.	ented or assisted others for compensation of any amount. If none, chec	k the
☐ None		
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PART 9. BUSI	NESS WITH STATE AGENCIES	
List each executive branch agency to which you or a mem \$1,000 during the reporting period. If none, check the box.	per of your immediate family sold goods or services with a value in exce	ss of
□ None		
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PART 10. INCOME RECEIV List the type of economic activity representing each source dependent child(ren) during the reporting period and the kir	3. 4. YED BY MEMBERS OF IMMEDIATE FAMILY of income of \$1,000 or more received by your spouse or domestic partred of income represented. If your spouse or domestic partner received \$	
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illfully filed a fa	alse statement, it shall refe	er its findings of	fact to the Attorne	ey General.	(1 M.R.S.	гарреагы шага А. § 1019)	i Legisiatoi na
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PART 11. OFFICER OR DIRECTOR POSITIONS